

## SENATE BILL No. 440

### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 27-8-5.7; IC 27-13-4-4.

**Synopsis:** Insurance plan claims histories. Requires an insurer that issues a group accident and sickness policy that covers at least 50 insureds to provide the policyholder with the following claims history information once per calendar year: (1) The total premium received. (2) The total incurred claims. (3) The total paid claims. (4) The total pending claims. (5) A description of any claim exceeding \$5,000. Requires a health maintenance organization to provide the holder of a contract covering at least 50 subscribers to provide the group contract holder with certain claims history information once per calendar year. Prohibits an insurer or a health maintenance organization from disclosing claims history information that may be used to identify an individual.

**Effective:** July 1, 2001.

**Merritt**

January 18, 2001, read first time and referred to Committee on Insurance and Financial Institutions.

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First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

## SENATE BILL No. 440

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 27-8-5.7 IS ADDED TO THE INDIANA CODE
- 2 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
- 3 JULY 1, 2001]:
- 4 **Chapter 5.7. Accident and Sickness Insurance Claims Histories**
- 5 **Sec. 1. As used in this chapter, "accident and sickness insurance**
- 6 **policy" means a policy or contract that:**
- 7 **(1) covers one or more of the kind or kinds of insurance**
- 8 **described in Class 1(b), 2(a), 2(b), or 2(l), of IC 27-1-5-1; and**
- 9 **(2) is issued on a group basis.**
- 10 **Sec. 2. As used in this chapter, "commissioner" refers to the**
- 11 **insurance commissioner of Indiana.**
- 12 **Sec. 3. As used in this chapter, "insured" means an individual**
- 13 **whose employment status or other status, except family**
- 14 **dependency, is the basis for eligibility for coverage under an**
- 15 **accident and sickness insurance policy.**
- 16 **Sec. 4. As used in this chapter, "insurer" means a company,**
- 17 **firm, partnership, association, order, society, or system that issues**



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or delivers an accident and sickness insurance policy.

**Sec. 5. (a)** An insurer shall provide to the policyholder of an accident and sickness insurance policy that covers at least fifty (50) insureds the following claims history information for the previous policy year:

- (1) The total premium received.
- (2) The total incurred claims.
- (3) The total paid claims.
- (4) The total pending claims.
- (5) A description of any claim exceeding five thousand dollars (\$5,000).

(b) Information on claims received but not processed is not required to be included in the information given to the policyholder under subsection (a).

(c) An insurer shall provide the information required under subsection (a) one (1) time per calendar year.

**Sec. 6.** The claims history information disclosed under section 5 of this chapter shall not include information that may be used to identify an individual.

SECTION 2. IC 27-13-4-4 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 4. (a)** A health maintenance organization shall provide the holder of a group contract that covers at least fifty (50) subscribers the following claims history information for the previous contract year:

- (1) The total premium received.
- (2) The total incurred claims.
- (3) The total paid claims.
- (4) The total pending claims.
- (5) A description of any claim exceeding five thousand dollars (\$5,000).

(b) Information on claims received but not processed is not required to be included in the information given to the group contract holder under subsection (a).

(c) A health maintenance organization shall provide the information required under subsection (a) one (1) time per calendar year.

(d) The claims history information disclosed under this section shall not include information that may be used to identify an individual.

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